
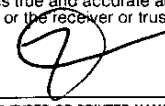


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90036 027 ****50.00

| | | | | | |
|--|---|---|---|--|---|
| DOCUMENT # L04000006488 1. Entity Name TRENDY & TRENDY, LLC | | | |  | |
| Principal Place of Business 480 BLACKBURN POINT RD OSPNEY, FL 34229 | | | Mailing Address 480 BLACKBURN POINT RD OSPNEY, FL 34229 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 7P20 S. Holiday Dr | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 220 | | | |
| City & State | | City & State SARASOTA FL | | 4. FEI Number 20-0626643 | |
| Zip | Country | Zip 34231 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VOIGT, STEPHEN F SR. 2042 BEE RIDGE RD SARASOTA, FL 34239 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  DATE 4-11-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STUTRUD, DONALD 480 BLACKBURN POINT RD OSPNEY, FL 34229 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  DATE 4-11-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |